

Book

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Papered March 13 1824

W. E. H.

Dear

An

Essay

on

Trachitis

By

James Glenn

of

North Carolina

1824

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An Essay on Tracheitis

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Since the Laws of our institution have made it essential to graduation that each candidate for a degree should write an essay upon some medical subject, it becomes my important duty to attempt it; though I am constrained to acknowledge that I begin with all that diffidence which must necessarily arise from a consciousness of my inability to do justice to any subject that I may select. But may I not hope that my preceptors will duly appreciate the disadvantages under which a student labours, who has never had an opportunity of seeing much practice, and extend to him the indulgence of a few use of what he has seen in books and heard in the lectures of our professors.

I have selected for the subject of the following remarks Tracheitis or an inflammation of the Trachea, with a view to make it the object

of my peculiar research and I am the more induced to do so from the circumstance of the numerous deaths produced by it among the children of our country. Notwithstanding I have arranged the different species of this disease under the general head of Trachitis yet it appears to me not to be applicable to the different varieties of spasmodic and inflammatory croup, the division so generally agreed to by authors on the subject and so satisfactorily established by post-mortem examinations; yet we had, perhaps, better retain it, since there is no other which has ever been applied that gives so correct an idea of the nature of the disease under consideration or introduces the same regularity in our medical nomenclature.

Trachitis generally speaking, is a disease peculiar to children, though there are

que el mío. Pero domésticas habían que
se cumplían en tal modo en la familia
de quienes lo gozaba, donde se vivía
en general felicidad, porque no faltaba
nada y como resultado de lo que se
obtenía se vivía bien. La familia con
desarrollo es la que se vive mejor.
Una familia de vivienda es una
familia que vive de su trabajo y de su
esfuerzo. Una familia que vive de la
trabajo de los demás es una
familia que vive de la miseria. Una
familia que vive de la miseria es una
familia que vive de la enfermedad.
Una familia que vive de la enfermedad
es una familia que vive de la muerte.

instances known of its having attacked adults, in which case we believe the disease has followed them occasionally from their infancy and there is no want of evidence to prove that some families are more subject to it than others. It sometimes confines itself to particular places, which is proven by the well known circumstance of the citizens of Baltimore being almost entirely exempt from it, while those living at Fells point suffer severely by it; it is further stated that croup is rarely known in Edensburg, while the inhabitants of Leith, a little sea port town which stands about half a mile from Edensburg, experience great difficulty in raising their children in consequence of the frequent visitations of this disease. Causes. Soon after this disease attracted the attention of medical men, it was

que se ha de tener en cuenta es la
de que el autor no ha tenido en
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generally supposed to arise from contagion, this delusion, however, has long since vanished before the progressive improvement in our science and is now adhered to by none. Although this disease often, always perhaps, when it appears in a sporadic form arises from an improper exposure to cold, frequently accompanied with moisture, yet it not uncommonly appears epidemically without any connection with the sensible qualities of the atmosphere.

This appears to have been the case in the neighbourhood of Alexandria in Virginia in 1799 when General Washington fell a victim to it.

Symptoms. It again behoves us to appeal to the books on Medicine for the symptoms which characterise this disease, and we are decidedly of the opinion that we could not refer to higher authority than Dr. Bullen

whose accuracy in the description of Diseases is universally acknowledged. We hope therefore we may be excused for taking them Verbatim from his work.

He says, the symptoms peculiar to this disease are, "a hoarseness with some shrillness and ringing sound both in speaking and in coughing as if the noise came from a brazen tube. At the same time there is a sense of pain about the larynx, some difficulty of respiration, with a whizzing sound in inspiration as if the passage of the air was straightened. The cough, which attends it is commonly dry and if any thing be spit up, it is a matter of a purulent appearance, and sometimes films resembling portions of a membrane.

Together with these symptoms there is a frequency of pulse, a perspiration and an uneasy



sense of heat.² When the internal fancies are vivid, they are sometimes without any appearance of inflammation; but frequently a redness and swelling appear; and sometimes on the fancies there is an appearance of matter like that expectorated by coughing.

With the symptoms now described, and particularly with great difficulty of breathing and a sense of strangling in the fancies, the patient is sometimes suddenly taken off.

In the descriptions made in this country there has been frequently found a membrane lining the Trachea and Bronchia, which we believe to be a more rare occurrence than was supposed by Buller, for which opinion we have the high authority of Dr. Chapman, not to mention the names of others whose standing in every respect might not be so respectable.



The opinion which we entertain as to the formation of this membrane, is, that it must be the production of the habitual efforts in endeavouring to relieve themselves of the superabundance of fluid which they contain in this highly inflamed state of the part. They do so by throwing off a portion of coagulable lymph, which, by adhering to the lining membrane of the Trachea gives rise to this pulmonary structure.

Diagnosis

It would seem almost impossible from the foregoing symptoms, to confound this disease with any other.

The peculiar sound attendant on inflammation of the Trachea during inspiration will always serve to guide the judicious physician in his diagnosis of this disease; in fact, it is said to be so peculiar that a person who has heard it once, can never forget it.



The disease with which it is most likely to be confounded, is *Brypnanche Tonsillaris*; from which it may be distinguished by the peculiar sound above alluded to, by the cough peculiar to croup, by the greater violence of the symptoms generally, by the greater difficulty of breathing, by the sense of suffocation and by inspiriting the external air, which we will seldom find much alteration in Trachea, whereas, in *Brypnanche Tonsillaris*. There will always be seen a swelling of the Tonsils accompanied with a difficulty of deglutition.

The croup may be distinguished from asthma, by the following diagnostics. The former is universally attended with a ringing cough, whereas in asthma no such symptom is generally apparent. In croup there is seldom any remission



while acute asthma is particularly characterised by this symptom.

Prognosis. In this disease the prognosis is to be determined either by the violence or mildness of the symptoms; most generally terminating fatally, when, there is great difficulty of breathing, extreme anxiety, violent fits, frequent fits of coughing, no expectoration, the voice becoming more shrill, the pulse at the same time becoming irregular and intermitting.

But when it terminates favourably, it is by a resolution of the inflammation, by a cessation of the spasms, by a relief from dyspnoea, by the voice becoming more natural, with a free and copious expectoration of the matter exuding from the trachea or of the membrane formed there. Yet we believe it to be an exceedingly



rare occurrence for recovery to take place after the formation of this membrane, at least such appears to be the opinion of most medical men who have had much experience in this disease.

Pathology. As it relates to the pathology of this disease, we are decidedly of the opinion that the division into spasmodic and inflammatory croup is fully justified by the post mortem examinations, which have been made of subjects who died of this disease. It is generally supposed to be of the spasmodic kind when it attacks suddenly, violently and quickly, running its course, terminating either in convalescence or death.

But under opposite circumstances, where the disease is slow in its approach, showing itself in uneasiness, restlessness, cough, attended

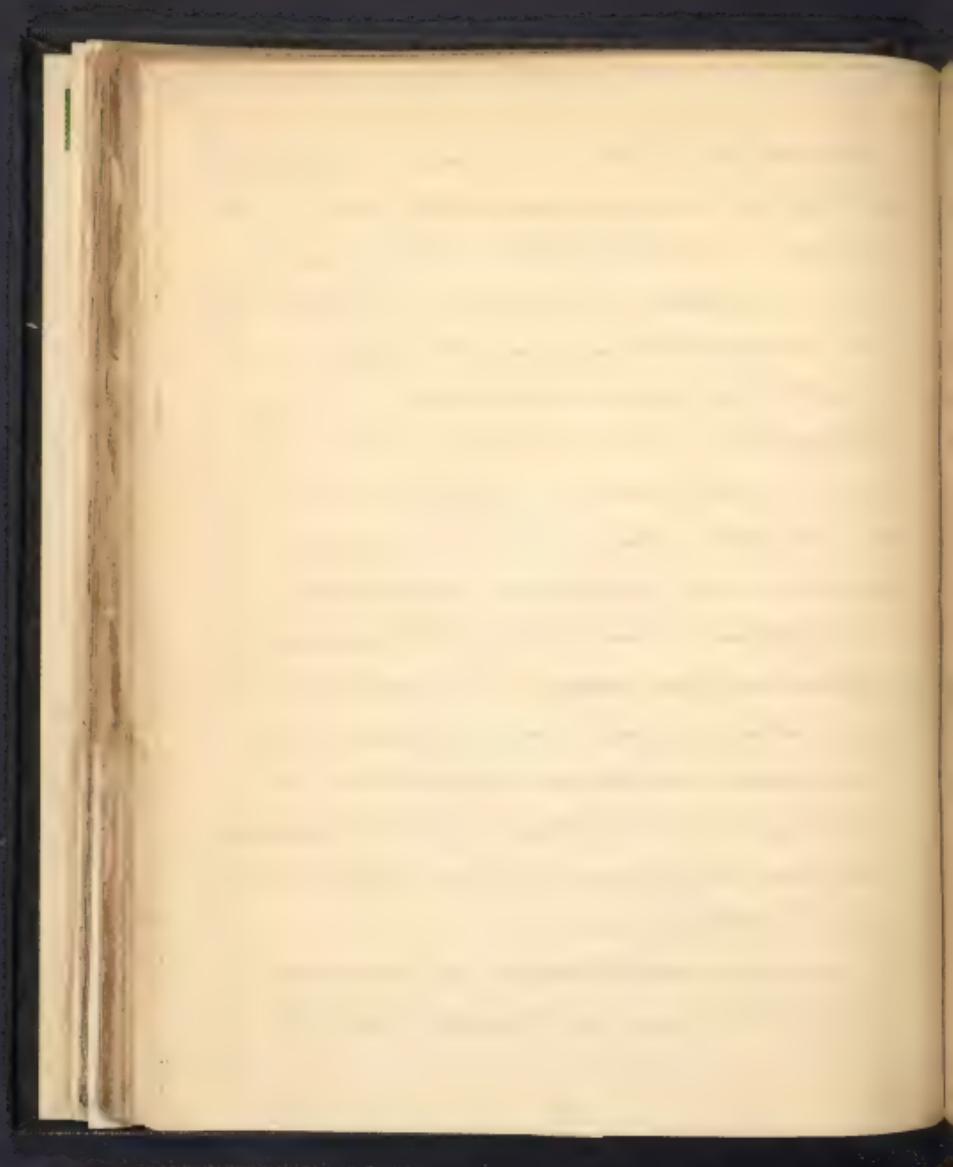


at first with no expectoration, followed by considerable fever, we may reasonably conclude that the disease is of the inflammatory kind.

Indeed, it is said by authors, that descriptions have presented precisely such appearances as might have been anticipated.

Treatment. It would appear from the division of this disease, into spasmodic and inflammatory croup, that there should be a difference in the treatment, corresponding to the two opposite characters of the disease; but experience has shown, that notwithstanding the apparently different characters of croup, the very same remedies are adequate to the removal of each variety; in fact the treatment of no disease appears to be so uniform as that of Trachitis.

The grand desideratum, in the commencement of the disease, is to excite vomiting



and for this purpose no remedy appears better calculated than the Tartarised Antimony.

It is, by no means, unusual to find the stomach quite insensible to the impressions of medicine and on this account we often experience great difficulty in procuring the operation of an Emetic. It therefore becomes an object of the highest importance, to arouse the susceptibility of this organ, and experience has satisfactorily established the fact, that, the warm bath, is perhaps better suited to this purpose than almost any means with which we are acquainted.

The beneficial influence of the warm bath is by no means to be restricted to this purpose alone for experience has proved, that, it alone has sometimes cured this disease.

It is recommended to keep the patient in the warm bath for ten or fifteen minutes, during

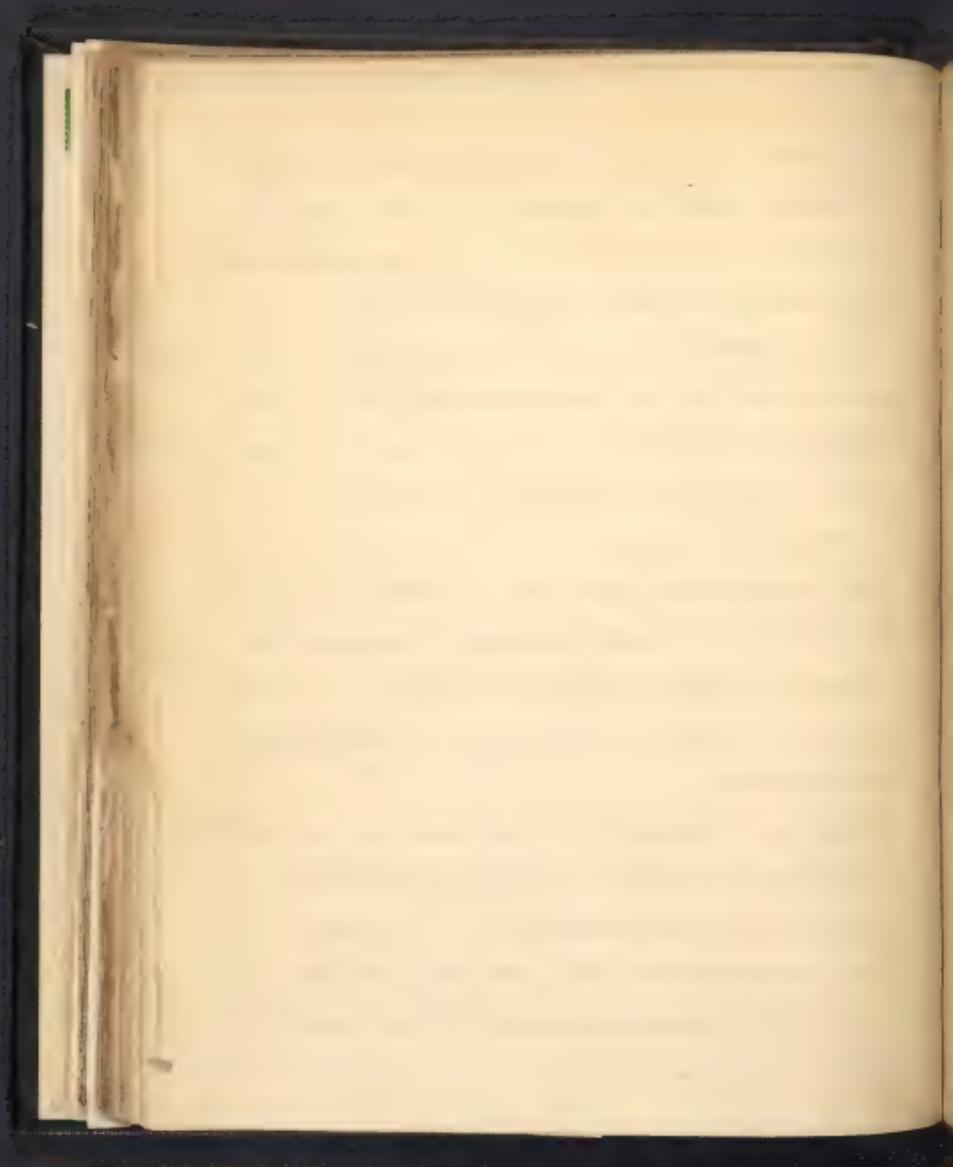


which time it often happens that vomiting will ensue while the child is in the water provided an emetic should have been administered previously to the use of the bath.

Should all this, however, fail to produce the desired effect we are recommended to resort to Bloodletting, which, in some cases we are compelled to carry to an alarming extent even ad deliquium aponi.

This very rarely fails to promote the action of an Emetic and to produce a crisis of the disease; the difficulty of breathing, hoarseness and fever disappearing almost instantaneously under its use.

It is by no means to be inferred from what has been said, that we suppose Bloodletting useful only as an auxiliary to Emetics; we believe it does more than this, by suffusing inflammation and consequently it must



contribute to the cure of the disease.

Hore Syrup. This appears to be a remedy of considerable importance in the management of Croup.

We are told by Dr. Cox whose experience in this disease appears to be ample, that when used in conjunction with the other remedies it seldom fails to cure the disease; indeed, from the known properties of its ingredients, it would seem more likely to succeed than at most any other medicine.

It not unfrequently happens, that after the employment of the above remedies, the disease will continue with unabated violence; we should then repeat the Emetic, warm bath and Blood-letting.

If notwithstanding this however not succeed we are recommended to use topical means.

These, deservedly, are considered remedies of great

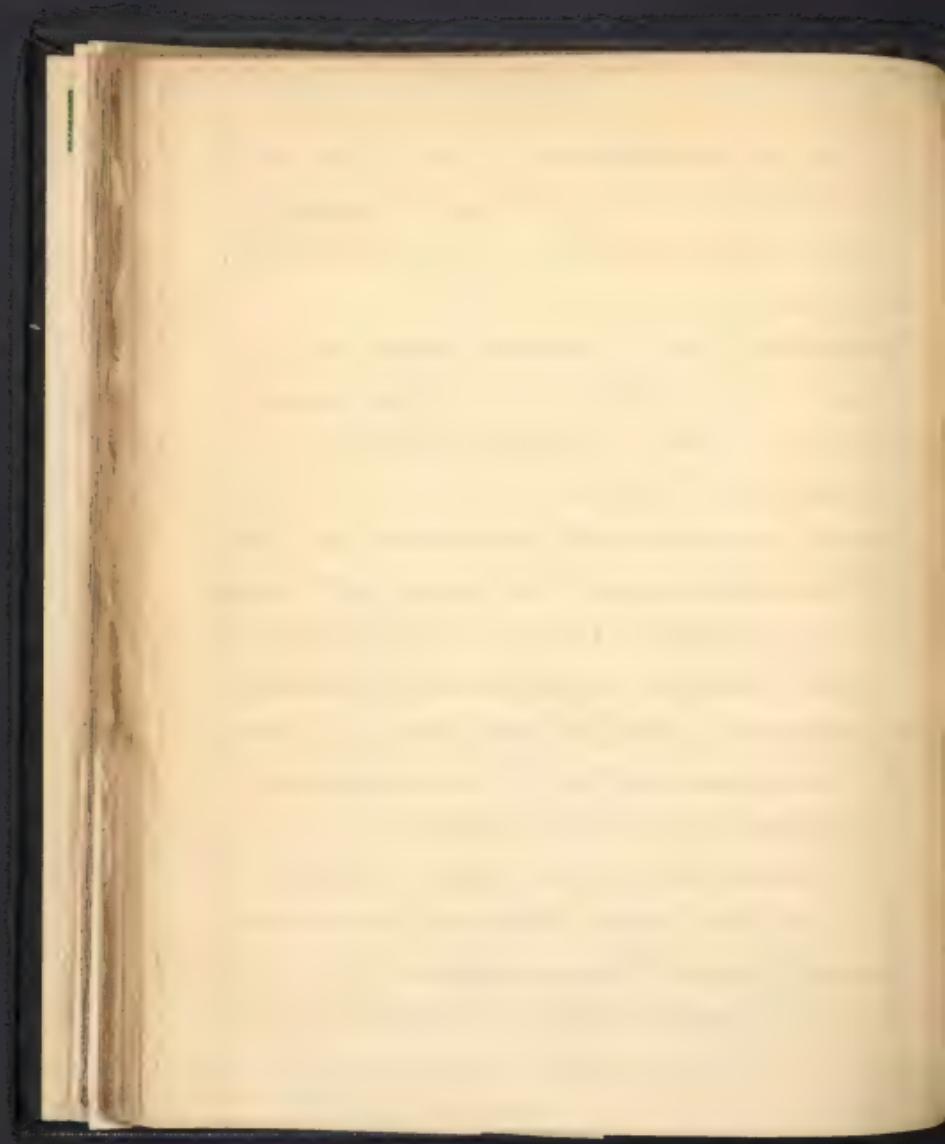


utility in the management of croup and should be resorted to in every case where the depilating remedies above alluded to, do not effectually cure the disease.

Bloodletting either by cups or leeches are by no means to be overlooked; it is by these means that we are enabled to detract blood from the very seat of the complaint. It is a fact sufficiently well known to physicians, that local depletion is perhaps the best mode, with which we are acquainted, to treat local inflammation.

Next to these in importance are Blisters and sinapisms to the throat extending from ear to ear, thus inviting the disease from the internal to the external parts.

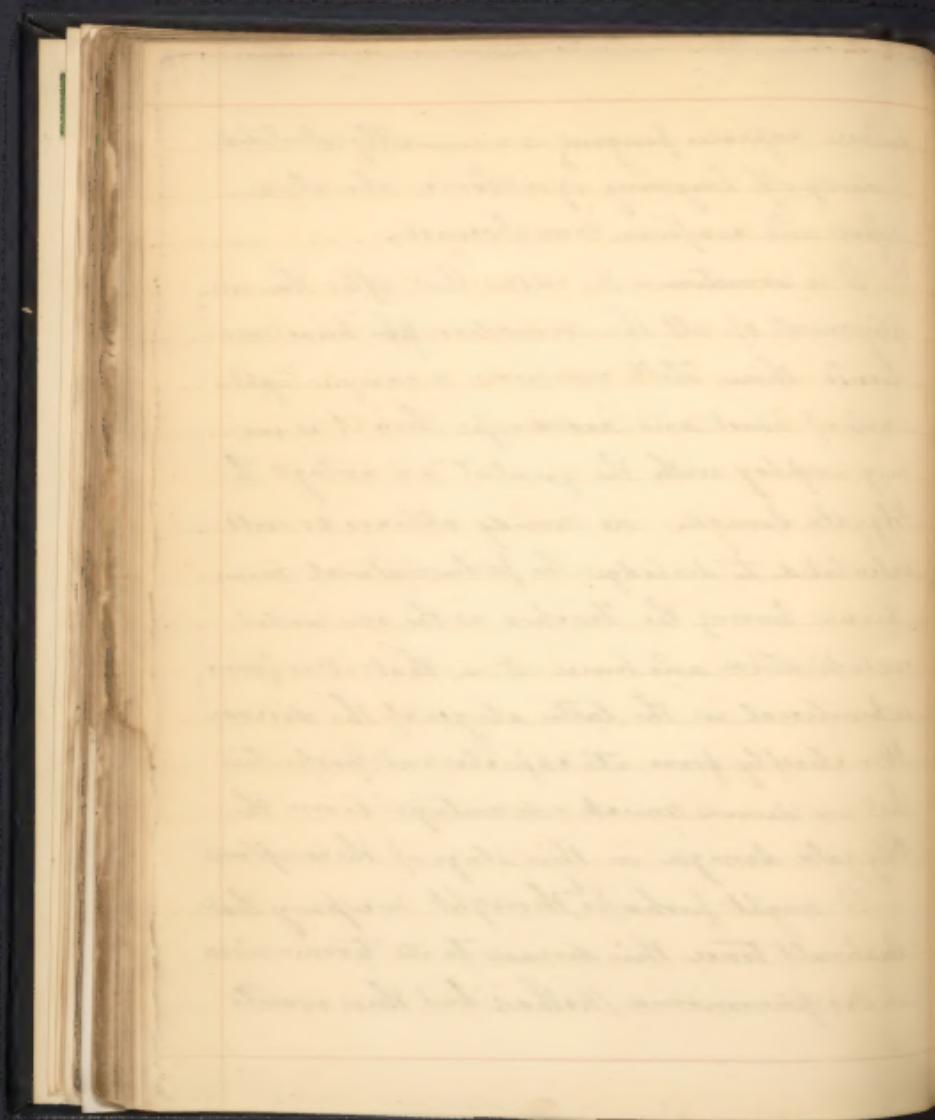
The disease being thus broken we may with propriety administer calomel in doses sufficiently large to purge copiously. we are told by Dr. Chapman that at this stage of the



disease, copious purging is eminently calculated to carry off lingering symptoms, obviate relapses and confirm convalescence.

It is sometimes the case, that after the employment of all the remedies we have mentioned there still remains a cough, tightness of chest and hoarseness; then it is we may employ with the greatest advantage the Polygala Sinuia. No remedy appears so well calculated to dislodge the putridal membrane lining the Trachea as the one under consideration and hence it is that it is found so beneficial in the latter stages of the disease. It is chiefly from its expectorant properties that we derive much advantage from the Polygala Sinuia in this stage of the complaint.

It might perhaps be thought necessary that we should trace this disease to its termination in Pneumonia Nodosa; but there would



sum to be little propensity in it; when it is
recollect'd that this rarely happens except -
as the result of fable practice, and whenever
this result does take place the disease
itself is changed and it becomes Peripneu-
monia Notha to all intents and purposes
and is therefore altogether aside of my subject.

